

STATE OF HAWAII
PUBLIC UTILITIES COMMISSION
ANNUAL REPORT OF
CELLULAR, PAGING AND OTHER WIRELESS TELECOMMUNICATIONS
SERVICES

STATE EXACT NAME OF CARRIER
FOR YEAR ENDED DECEMBER 31, _____

NOTICE: Under Section 6-80-91 and 6-80-92, Hawaii Administrative Rules, (HAR), an annual report is to be filed and is due no later than March 31 to cover the preceding calendar year's operations.

Mailing Address:

Hawaii Public Utilities Commission
465 South King Street
Kekuanaoa Building, Room 103
Honolulu, HI 96813

Under Section 6-80-91(d), HAR, a copy of this annual report is also required to be filed with the Consumer Advocate.

Mailing Address:

Division of Consumer Advocacy
250 South King Street, Room 825
Honolulu, HI 96813

HAWAII PUBLIC UTILITIES COMMISSION

REQUEST FOR EXTENSION TO FILE
PUC ANNUAL UTILITY FINANCIAL REPORT
BEYOND THE DUE DATE OF MARCH 31, 2000

1. This extension request must be postmarked on or before March 31, 2000.
2. We will not grant additional extensions beyond July 31, 2000. A show cause hearing shall be initiated if we do not receive your annual financial report by the extended due date of July 31, 2000.

Name of Carrier: _____

Address: _____

Person to Contact: _____

Extension is requested until _____, 2000.

Reason for extension (attach separate page if more space is required):

Signature _____ Date _____

Title _____
(Owner, Partner, Officer, Authorized Agent)

FOR PUC OFFICE USE ONLY:

☐ Approved. Signature _____ Date _____

☐ Disapproved. See attached letter.

ORGANIZATION AND CONTROL OF CARRIER

Note: If more space is required, attach schedule.

1. State full and exact name and Hawaii address of carrier.

Name: _____

dba, if any: _____

Business Address: _____

City: _____ Zip: _____ Phone: _____

Insert an "X" if above address is within last 12 months ()

2. Mailing Address if different from above.

Address: _____

City: _____ State: _____ Zip: _____

Insert an "X" if above address is within last 12 months ()

- 2a. By February 2000, the **1999 Annual Financial Reports** (AFR) will be available on our Department web site. Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

Next year, if you wish to download the **CY 2000 AFR** forms from our Department web site and do not want a form sent to you by mail, please check the appropriate box below:

☐ Do **not** mail my **CY 2000 AFR**, I will download it from your web site.

☐ Mail my **CY 2000 AFR**.

3. Effective Date of Hawaii Certification: _____

4. State the types of telecommunications services carrier is authorized to provide.

5. Island(s) in which telecommunications services are offered:

5. Have you filed a current tariff schedule with this office?

Insert and "X": Yes () No ()

7. List companies controlled by carrier; also, address:

8. List persons or companies controlling carrier; also address:

9. Insert an "X" next to type of entity and answer the applicable questions.

() Proprietorship

Date of Formation: _____

Name of Proprietor: _____

() Partnership:

Date of Formation: _____

Partners Name

Address

% Owned

() Corporation () Subchapter S

Date of Incorporation: _____

Incorporated under the laws of: _____

EXHIBIT A - Continued

Directors Name

Address

Date Term
Expires

Officers Name	Address	Date Appointed
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<hr/>	<hr/>	<hr/>

10. Location of carrier's records if different from business address:

11. External accountant:

Name:

Address:

City:

 State:

 Zip:

Phone:

12. Preparer of this report:

Name:

Address:

City:

 State:

 Zip:

Phone:

EXHIBIT A - Continued

13. Insert an "X" as to whether books are kept on a calendar year () or fiscal year basis (). If fiscal year basis, state the period:

. Note that this annual report must be filed on a calendar year basis.

CERTIFICATION

I Certify that I am an officer, or duly authorized representative to file this annual report; that I have knowledge to the matters contained herein; that I have examined the foregoing report; that all statements of fact contained in this annual report are complete, true, and correct to the best of my knowledge, information, and belief.

CARRIER NAME: _____

CERTIFIER:

PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT B

BALANCE SHEET
As of December 31, _____

	CURRENT YEAR	PRIOR YEAR
ASSETS:		
Plant Assets:		
Plant in Service (PIS)		
Accumulated Depreciation - PIS		
Plant Under Construction		
Property Held for Future Use		
Intangible Assets		
Total Plant Assets		
Current Assets:		
Cash		
Accounts Receivable - Net		
Notes Receivable		
Inventories		
Prepayments		
Other Current Assets		
Total Current Assets		
Noncurrent Assets:		
Investments - Affiliated Companies		
Deferred Charges		
Other Noncurrent Assets		
Total Noncurrent Assets		
TOTAL ASSETS		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT B
Page 2 of 2

BALANCE SHEET
As of December 31, _____

	CURRENT YEAR	PRIOR YEAR
LIABILITIES & EQUITY		
LIABILITIES:		
Current:		
Accounts Payable		
Notes Payable		
Customers Deposits		
Long Term Debt - current due		
Accrued Income Taxes		
Accrued Other Taxes		
Current Deferred Income Taxes		
Accrued Liabilities		
Other Current Liabilities		
Total Current Liabilities		
Other Liabilites & Deferred Credits:		
Long Term Debt		
Unamortized Investment Tax Credits		
Deferred Income Taxes		
Other Deferred Credits		
Total Other Liab. & Deferred Credits		
TOTAL LIABILITIES		
EQUITY (Exh B-1)		
Total Corporation Equity		
Total Partnership Equity		
Total Proprietorship Equity		
TOTAL EQUITY		
TOTAL LIABILITIES AND EQUITY		

SUPPORTING SCHEDULE TO
BALANCE SHEET
As of December 31, _____

	CURRENT YEAR	PRIOR YEAR
CORPORATION EQUITY:		
Common Stock Issued		
Preferred Stock Issued		
Additional Paid In Capital		
Capital Stock Expense		
Other Credits/Debits		
Retained Earnings - Appropriated		
Retained Earnings - Unappropriated		
Total Corporation Equity		

	CURRENT YEAR	PRIOR YEAR
PARTNERSHIP AND SOLE PROPRIETOR EQUITY:		
Balance at Start of Year		
Additional Investments During Year		
Withdrawals		
Adjustments During Year		
Profit (Loss) For The Year		
Balance at Close of Year		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT C

INCOME STATEMENT - INTRASTATE OPERATIONS
FOR PERIOD ENDED DECEMBER 31, _____

	CURRENT YEAR	PRIOR YEAR
INTRASTATE REVENUES		
Cellular Service		
Paging Service		
Other Service (Exh C-1)		
TOTAL INTRASTATE REVENUES		
INTRASTATE EXPENSES:		
Network & Operations		
Customer Service		
Selling & Marketing		
Administrative & General		
Depreciation & Amortization		
Fees/Taxes Other Than Income Taxes		
Income Taxes		
Other Intrastate Expenses (Exh C-1)		
TOTAL INTRASTATE EXPENSES		
NET INCOME (LOSS) FROM INTRASTATE OPERATIONS		
NET INCOME (LOSS) FROM OTHER OPERATIONS (Exh C-1)		
NET INCOME (LOSS) - TOTAL COMPANY		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT C-1

SUPPORTING SCHEDULE TO
INCOME STATEMENT - INTRASTATE OPERATIONS
FOR PERIOD ENDED DECEMBER 31, _____

SPECIFY AND LIST BELOW:	CURRENT YEAR	PRIOR YEAR
Other Service Revenues:		
Total Other Service Revenues		
Other Intrastate Expenses:		
Total Other Intrastate Expenses		
Net Income (Loss) From Other Operations		
Total Net Income (Loss) From Other Operations		

Cellular, Paging & Other Wireless Services
Carrier: _____

EXHIBIT D

STATISTICAL DATA - INTRASTATE OPERATIONS
FOR PERIOD ENDED DECEMBER 31, _____

	CURRENT YEAR	PRIOR YEAR
NUMBER OF CUSTOMERS		
Cellular Service		
Paging Service		
Other Service (Specify)		
Total Number of Customers		